

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	↓						51				
2		↓					52				
3		↓					53				
4		↓					54				
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6		↓					56				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	↓						TOTAL IND.	↓			
TOTAL DEP.	27						TOTAL DEP.				
TOTAL CLAIMS	28						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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